
Editorial

Twenty years of the JME – reflections

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Readers will have recovered from their surprise – we hope pleasurable surprise – at the new cover of the journal and at its arrival a month earlier than usual – the first of six issues in a year as we change from quarterly to bimonthly publication.

In the year of the journal's twentieth birthday a brief reflection may be forgiven. In 1975 critical, philosophical, and academic medical ethics in general were, in Britain, still in their very early developmental stages and subjects of considerable distrust within the medical profession. However, the earlier work of a Church of England parson, Edward Shotter, had by 1975 been highly effective in encouraging multidisciplinary, student-led, medical ethics lectures and symposia in almost all the British medical schools and, as the students qualified, the need to extend and deepen academic activities in the developing area of medical ethics became clear. So Prebendary Shotter's Institute of Medical Ethics (still at that stage the Society for the Study of Medical Ethics or SSME), with the generous help of two merchant bankers, the Kleinwort brothers, founded the journal.

The journal's first editor, Alastair Campbell, enunciated its editorial policy in his first editorial: 'to provide a forum for the reasoned discussion of moral issues arising from the provision of medical care' that held 'no brief for one particular professional political or religious viewpoint' and that was multidisciplinary (1).

In its early years the journal and its parent the SSME were at least implicitly criticised by certain correspondents for not being sufficiently clear about the moral standards on which the journal's editorial policy for medical ethics was based (2). The implicit criticism was that doctors needed clear advice based on Christian – or at least Judaeo-Christian – principles for their ethical standards and that the journal was not providing it. This must have been galling for the three parsons, Edward Shotter, Kenneth Boyd and Alastair Campbell who were the non-medical officials and leaders at the heart of the SSME and the journal, and who had been at such pains, along with all others on the governing body of the SSME and the editorial board of the JME to provide an open forum for reasonable discussion of medical ethics from all viewpoints.

A letter (3) from Edward Shotter and the late Lord Amulree, physician and president of the SSME, reiterated that the journal 'was not a mouthpiece for any particular moral viewpoint' but instead aimed 'to establish medical ethics ... as a multidisciplinary study of moral issues raised by the practice of medicine'. Medical ethics was 'not hortatory' and 'should not be confused with medical moralising'. And they added that 'a journal of medical ethics must be known for its independence if it is to earn the respect of a wide cross-section of medical opinion'.

In 1981, on the resignation of Alastair Campbell the present writer was appointed to the editorship of the journal and affirmed the existing policy, emphasising that this entailed 'a transdisciplinary embrace of *any* reasoned viewpoint, regardless of its provenance'. He also emphasised the journal's aim to publish papers 'in jargon-free English ... clearly written so as to be accessible to any intelligent reader'. These aims continue, though recently, on the advice of the editorial board, the latter has been modified so as to make possible, in future issues, summaries in the language of origin as well as in English for any papers published by authors whose first language is not English.

Of the myriad changes in medical ethics that have occurred in Britain over the twenty years of the journal's life perhaps one of the most notable has been the simultaneous development of a broad spectrum of institutional academic activity in analytic medical ethics. The first general course in the subject, a two-year weekend diploma course for doctors, was started in 1978 by the Worshipful Society of Apothecaries, an ancient City of London Guild. Over the next few years a one-week introductory 'intensive course in medical ethics for medical and nursing teachers' started at Imperial College, London (1983); a one-year postgraduate diploma in medical law and ethics (1984), started at the Centre for Medical Law and Ethics at King's College London, later upgraded to a Master's degree (1987); in 1985 the University of Wales introduced its popular part-time MA in health care ethics and in 1987 the Centre for Social Ethics and Policy at Manchester University started a multidisciplinary MA in health care ethics. Since then

a wide variety of such courses have been introduced throughout Britain.

British medical schools were slower, still very suspicious of formal analytic study of medical ethics, as distinct from the traditional didactic teaching of the moral obligations of doctors that has been part of medical education since Hippocratic times (4). None the less, some took early if tentative steps to include such teaching within their curricula, thus supplementing the leisure-time medical ethics meetings of the student groups established by the SSME. Notable early leaders were the Scots at the medical schools of both Edinburgh and Glasgow Universities, and King's College Hospital Medical School in London. The medical schools of Liverpool University and then of The London Hospital and St Bartholomew's Hospital broke new ground by appointing full-time philosophers to teach medical ethics and St Mary's Hospital Medical School, Imperial College, joined in with a part-time visiting professor of medical ethics.

Ian Kennedy's provocative and influential BBC Reith Lectures on 'The Unmasking of Medicine' (5) had in 1980 created a major interest in the subject of analytic medical ethics, one issue of the journal being devoted almost entirely to responses and critiques of these lectures, along with Kennedy's replies (6). Whether causally or coincidentally, his recommendation that analytic medical ethics should be taught in medical schools was followed in 1984 by a conference on medical ethics teaching organised by the General Medical Council, several papers from which were published in the journal in 1985 (7). Two years later further impetus to the development of medical ethics teaching in medical schools came from the Pond Report of the Institute of Medical Ethics (8) which urged its introduction into their curricula. The GMC, always committed to the importance of traditional medical ethics teaching, has become steadily more enthusiastic and explicit about the need to teach analytic medical ethics and fairly recently it recommended that this should become part of the core syllabus of medical education (9).

Other developments in the area of medical ethics occurring since the first issue of this journal are unsurprising, while we were writing about AID in 1975, AIDS had not been heard of. Concern for fair distribution of inadequate health care resources was already being voiced in the early issues of the journal and ethical issues associated with IVF were being discussed in our second issue in 1975, several years before the birth of the first test tube baby, which, however, was being firmly predicted ('come it must' (10)). The importance of sharing discussion about their shared ethical dilemmas between doctors and nurses is stated in our first issue, with a nursing contributor pointing out that 'No longer does the nurse see herself as the blindly obedient physician's

handmaiden' (11) (in retrospect, a little sub-editing would have helped to remove the trace of ambiguity as to who is blind).

One very obvious change in our editorial style over the last twenty years is our contemporary avoidance of masculine nouns, pronouns and possessives to refer inclusively to both genders. So far we have resisted variants of such changes that conflict with English grammar (for example 'if a person wants x then they need to do y') – but such concerns will doubtless, after a further twenty years, seem quaint.

So what of the future? Provision of a multidisciplinary forum for reasoned discussion of moral issues arising in medical practice continues to be our objective. Although we have always been an international journal we are keen to extend our internationality, not least by publishing more contributions from continental Europe. To this end we have extended European representation on both the editorial board and the editorial advisory board, which now has wide international representation from all over the world.

By publishing bimonthly we intend to reduce the present delay in publishing accepted papers. And by encouraging our reviewers to provide their assessments more rapidly and ourselves to act on them more rapidly we intend to provide a faster service both for our contributors and our readers. Finally, we trust that individual subscribers, at least, will be pleased that their subscription is to be held steady despite the substantial increase in frequency and in the amount of material published.

References and notes

- (1) Anonymous. Untitled [editorial]. *Journal of medical ethics* 1975; 1:1.
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- (3) Amulree (Lord), Shotter E F. Response from the Society for the Study of Medical Ethics [letter]. *Journal of medical ethics* 1978; 106–107.
- (4) Anonymous. Two concepts of medical ethics [editorial]. *Journal of medical ethics* 1985; 11: 3.
- (5) Kennedy I. *The unmasking of medicine*. London: George Allen and Unwin, 1981.
- (6) *Journal of medical ethics*. Various papers in the December 1981 issue, 7: 171–211.
- (7) *Journal of medical ethics*. Various papers in the March 1985 issue: 11: 3–41.
- (8) Boyd K, ed. *The Pond report – the teaching of medical ethics: report of a working party of the Institute of Medical Ethics*. London: Institute of Medical Ethics, 1987.
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- (10) Short R V. Focus: current issues in medical ethics. *Journal of medical ethics* 1975; 1: 56–58.
- (11) Nuttall P D. Ethics and the professions – nursing. *Journal of medical ethics* 1975; 1:3.